



IOWA DEPARTMENT OF NATURAL RESOURCES

Law Enforcement Bureau – Licensing Section
502 East 9th Street, Des Moines, IA 50319-0034
Phone: (515) 281-5918 www.iowadnr.gov

NUISANCE WILDLIFE CONTROL OPERATOR PERMIT APPLICATION

APPLICANT INFORMATION:

Full Name: _____
Last First Middle

Address: _____
Address City State Zip Code

Phone Number: () -

Birth Date: Years of Trapping Experience:

Business Name: _____

Business Address if
different from above: _____

Business Phone if
different from above: () -

Email Address: Website: _____

I would like my business to be posted on the DNR Website ☐ Yes ☐ No

Signature of Applicant: Date: _____

Conservation Officer
Signature: Date: _____

OFFICE USE ONLY

Test Score #1: Date of Test: Officer Initials: _____

Test Score #2: Date of Test: Officer Initials: _____

If test failed: Explain timetable for re-testing

Send to Steve Derman at Central Office:

- ☐ Completed application ☐ Signed copy of "Terms of Permit"
☐ Completed test with score ☐ \$25.00 Administration Fee

Multiple offender file checked: Date: Officer Initials: _____